Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATESURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING: 01 B. WING FCL029009 08/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 902 KENREED DR THE PERRYMAN HOUSE THOMASVILLE, NC 27360 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 000 C 000 Initial Comments This Plan of Correction constitutes my written allegation of compliance for the Report by Suzanna Fay deficiencies cited. However. submission of this Plan of Correction is DHSR Construction Section conducted a Biennial not an admission that a deficiency Survey on August 7, 2015 from 12:48 PM to 2:13 PM at the above referenced facility. DHSR exists or that one was cited correctly. records indicate the home was first licensed on This Plan of Correction is submitted to July 5, 2013 as a Family Care Home for four meet requirements established by state non-ambulatory Residents (unable to evacuate and federal law. and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code - Section 425.4 - Small Non-ambulatory Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: Tag C 105 C 105 C 105 Initial Licensure-Meet NCSBC Section .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND (a) Any building licensed for the first time CONSTRUCTION as a family care home shall meet the (a) Any building licensed for the first time as a applicable requirements of the North family care home shall meet the applicable Carolina State Building Code. All new requirements of the North Carolina State Building construction, additions and renovations to Code. All new construction, additions and existing buildings shall meet the renovations to existing buildings shall meet the requirements of the North Carolina State requirements of the North Carolina State Building Building Code for One and Two Family Code for One and Two Family Dwellings and Dwellings and Residential Care Facilities if Residential Care Facilities if applicable. All applicable. All applicable volumes of The applicable volumes of The North Carolina State North Carolina State Building Code, which Building Code, which is incorporated by is incorporated by reference, including all reference, including all subsequentamendments, subsequent amendments, may be may be purchased from the Department of Insurance Engineering Division located at 322

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

nec

TITLE

9-25-15

STATE FORM

6699

MNT221

continuation sheet 1 of 5

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATESURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 08/07/2015 FCL029009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 902 KENREED DR THE PERRYMAN HOUSE THOMASVILLE, NC 27360 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) X TAG TAG DEFICIENCY) C 105 C 105 Continued From page 1 purchased from the Department of Insurance Engineering Division located at Chapanoke Road, Suite 200, Raleigh, North 322 Chapanoke Road, Suite 200, Carolina 27603 at a cost of three hundred eighty Raleigh, North Carolina 27603 at a cost of dollars (\$380.00). three hundred eighty dollars (\$380.00). (b) Each home shall be planned, constructed, (b) Each home shall be planned, equipped and maintained to provide the services constructed, equipped and maintained to offered in the home. provide the services offered in the home. 10-10-15 1. The deficiencies identified for all This Rule is not met as evidenced by: residents will be corrected by posting Observations revealed three exits from the EXIT signs over the exit doors and over facility. The evacuation plan indicated the exit doors leading to exits to clearly identify through the kitchen and the exit through the front required exits. Pictures will be provided. bedroom as the required exits as these are at grade level. None of the exits were identified as The posting of the EXIT signs will eliminate exits. Provide exit signs over the exit doors and the possibility of other residents having the over doors leading to exits to clearly identify potential to be affected by the same required exits. Provide documentation of the deficiency practice. correction through photos or copies of receipts or purchases. To make sure the deficient practice will not recur, the Administrator will ensure that 2. Per the 2012 NCSBC, all kitchen countertop EXIT signs are posted at all times. outlets are to be GFCI outlets. Observations revealed five electrical outlets located at the 2. The deficiencies identified for all 10-10-15 kitchen counters. Four of the five outlets did not residents will be corrected by having a function correctly. The outlets either side of the certified electrician repair or replace any kitchen sink indicated that the wiring was correct, GFCI breakers in the kitchen area to but did not trip when tested. The outlets were ensure that each outlet will trip when labeled as both "no equipment ground" and as tested. Receipt from Electrician will be GFCI outlets. Neither of these outlets could be provided. tripped manually. The outlet to the left of the stove indicated that the wiring was "open ground" The repair or replacement of the GFCI and did not trip when tested. It was not a GFCI receptacles will eliminate the possibility of outlet that could be tripped manually. The outlet other residents having the potential to be to the far left of the stove indicated correct wiring affected by the same deficiency practice. and did trip when tested. There was one outlet on the counter to the left of the refrigerator. This To make sure the deficient practice will not outlet indicated the wiring was "open ground" and recur, the Administrator will ensure that all did not trip when tested. It did not have a manual GFCI breakers in the kitchen will trip when override. Have a qualified technician repair or

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replace four of the five kitchen outlets that are not

tested.

(X3) DATESURVEY

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	3: 01	COMPLETED	
	FCL029009		B. WING 08/		07/2015	
	RYMAN HOUSE	902 KENR		STATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
	working properly. Provide documentation of the correction through copies of receipts or work orders.  3. Observations revealed one electrical outlet at the front porch. Exterior outlets are required to be GFCI outlets. This outlet did not trip when tested. Have a qualified technician repair or replace the outlet at the front porch. Provide documentation of the correction through copies of receipts or work orders.  Have Current San. And Fire Safety Approvals  SECTION .0300 - THE BUILDING		C 105	3. The deficiencies identified for all residents will be corrected by having a certified electrician provide a GFCI outlet at the front porch. Documentation will be provided by photographs and receipt from a licensed electrician.  The repair or replacement of the GFCI outlet at the front porch will eliminate the possibility of other residents having the potential to be affected by the same deficiency practice.  To make sure the deficient practice will not recur, the Administrator will ensure that the outlet at the front porch will be replaced with a GFCI outlet.		
	CONSTRUCTION (n) The home shall fire and building sa shall be maintained review.  This Rule is not m 1. Review of record not have an annua Interview with Staff Marshal would not The Surveyor did of left messages with the general mailbor DHSR/Construction Annual Fire Inspect maintaining the lice at the facility. Conti	ds revealed that the facility did I Fire Inspection conducted. I indicated that the local Fire conduct these inspections. Contact the local authority and the last inspector as well as in x on August 13, 2015. In is waiting for a response, tions are required for ense and copies are to be kept act the local Fire Marshal to all inspection. Provide a copy of the Construction Section.	C 143	Have Current San. And Fire Safety  Approvals SECTION .0300 - THE  BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  The deficiencies identified for all residents will be corrected by having the local Fire Marshal conduct an annual inspection, and a copy of the report will be provided to DHSR/Construction Section.	10-10-1	

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation (X3) DATESURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A RUILDING: 01 B. WING 08/07/2015 FCL029009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 902 KENREED DR THE PERRYMAN HOUSE THOMASVILLE, NC 27360 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 143 C 143 Continued From page 3 The annual fire inspection will eliminate the possibility of other residents having the SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR potential to be affected by the same (c) Corridors shall be free of all equipment and deficiency practice. other obstructions. To make sure the deficient practice will not recur, the Administrator will ensure that the This Rule is not met as evidenced by: the local Fire Marshal conduct an annual 1. Observations revealed the second required inspection. Documentation will be exit was located in the front Residents' bedroom. provided to DHSR/Construction Section. The interior bedroom door had locking hardware that, when engaged, would obstruct the path of egress. Have a qualified technician replace the Tag C 143 lockset with passage hardware. Provide SECTION .0300 - THE documentation of the repairs through copies of **BUILDING 10A NCAC 13G** receipts or work orders. .0311 CORRIDOR (c) Corridors shall be free of all C 174 C 174 Building Equipment Maintained Safe, Operating equipment and other obstructions. 9-15-15 SECTION .0300 - THE BUILDING The deficiencies identified for all 10A NCAC 13G .0317 BUILDING SERVICE residents will be corrected by replacing EQUIPMENT the locking hardware on doorknobs (a) The building and all fire safety, electrical, leading to all exit doors. Pictures will be mechanical, and plumbing equipment in a family provided. care home shall be maintained in a safe and operating condition. The replacing of the locking hardware on (j) This Rule shall apply to new and existing doorknobs leading to all exit doors will family care homes. eliminate the possibility of other residents having the potential to be affected by the This Rule is not met as evidenced by: same deficiency practice. 1. Observations revealed the sprinkler system was not being serviced and inspected on an To make sure the deficient practice will not annual basis. No inspections had been recur, the Administrator will ensure that the conducted since the facility was licensed in 2013. locking hardware on doorknobs leading to Contact a sprinkler maintenance contractor for all exit doors is unable to be locked. annual service. Provide copies of the inspection report to DHSR/Construction Section for our Tag C 174 records. SECTION .0300 - THE BUILDING 2. Observations revealed that the staff was not 10A NCAC 13G .0317 BUILDING

fully prepared for a fire alarm test. When the

SERVICE EQUIPMENT

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA					TESURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3: 01	MPLETED
		FCL029009	B. WING	08	3/07/2015
NAME OF F	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY	STATE, ZIP CODE	
THE PER	RRYMANHOUSE	902 KENF			
		Control of the Contro	VILLE, NC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	have the correct pa use of the fire alarm system should be s by a qualified techn annual inspection of for our records. Pro- all staff has been to alarm system.  3. Observations re- in the closet of the down and was not qualified technician Provide documenta photos or copies of 4. Observations re- in the master bath insure the light is w	lywas contacted, Staff did not assword. Train all staff on the in system. The fire alarm serviced and inspected yearly nician. Provide copies of the eport to DHSR/Construction ovide a document stating that rained on the use of the fire exceeded that the sprinkler head back bedroom had dropped properly secured. Have a repair the sprinkler head. It is not the correction through the receipts or work orders.	C 174	(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in afamily care home shall be maintained in a safe and operating condition.  (j) This Rule shall apply to new and existing family care homes.  1. The deficiencies identified for all residents will be corrected by scheduling an annual inspection of the fire sprinkler system.  The annual fire sprinkler inspection will eliminate the possibility of other residents having the potential to be affected by the same deficiency practice.  To make sure the deficient practice will not recur, the Administrator will ensure that yearly fire sprinkler system inspections will be completed, documented and a copy sent to DHSR / Construction for their records.  2. The deficiencies identified for all residents will be corrected by training all staff on the use of the fire alarm system. The fire alarm system will be inspected annually by a qualified technician. Copies of the annual inspection will be provided to DHSR/Construction. A document will be provided stating that all staff has been trained on the use of the fire alarm system.  The annual fire alarm system inspection will eliminate the possibility of other residents having the potential to be affective by the same deficiency practice.	9-30-15

Complete Date

To make sure the deficient practice will not recur, the Administrator will ensure that yearly fire sprinkler system inspections will be completed, documented and a copy sent to DHSR / Construction for their records.

3. The deficiencies identified for all residents will be corrected by repairing the sprinkler head in the closet of the back bedroom that had dropped down and was not properly secured. A qualified technician will repair the sprinkler head. Documentation of the correction will be provided through photos.

09-15-15

A monthly inspection of all sprinkler heads will eliminate the possibility of other residents having the potential to be affected by the same deficiency practice.

To make sure the deficient practice will not recur, the Administrator will ensure that monthly inspections of the fire sprinkler heads will be completed and documented.

4. The deficiencies identified for all residents will be corrected by replacing the light bulb in the master bath and insure the light is working properly. Documentation will be provided of the correction through photos.

09-15-15

A monthly inspection of all light bulbs will eliminate the possibility of other residents having the potential to be affected by the same deficiency practice.

To make sure the deficient practice will not recur, the Administrator will ensure that monthly inspections and replacement of all burned out light bulbs will be completed and documented.

All deficiencies which are not already corrected will be completed by 10-10-15